

Kentucky Department for Environmental Protection
Division of Waste Management
Underground Storage Tank Branch
300 Sower Boulevard – Frankfort KY 40601
(502) 564-5981

FOR OFFICIAL USE ONLY –
DO NOT WRITE IN THIS SPACE

DRAFT

UST Vapor Intrusion Assessment Checklist

Date Form Completed	/ /		
1. UST Facility Information			
Agency Interest Number (AI)			
UST Facility Name			
UST Facility Physical Address	Street Address:		
	City:	County:	Zip Code: -
UST Facility Location (Coordinates)	Latitude:	Longitude:	
2. UST System Owner Information			
UST System Owner Name			
UST System Owner Mailing Address	Street Address:		
	City:	State:	Zip Code: -
UST System Owner Contact Information	Phone: () -	Alternate Phone: () -	
	Email:		
3. Building Owner Information			
Building Owner Name			
Building Owner Mailing Address	Street Address:		
	City:	State:	Zip Code: -
Building Owner Contact Information	Phone: () -	Alternate Phone: () -	
	Email:		
4. Occupant Information			
Occupant Name			
Occupant Mailing Address	Street Address:		
	City:	State:	Zip Code: -
Occupant Contact Information	Phone: () -	Alternate Phone: () -	
	Email:		
5. Consultant Information			
Company Name			
Company Mailing Address	Street Address:		
	City:	State:	Zip Code: -
Company Contact Information	Project Manager:		
	Phone: () -	Alternate Phone: () -	Fax: () -
	Email:		

AI _____

6. Laboratory Information				
Laboratory Name				
Laboratory Mailing Address	Street Address:			
	City:	State:	Zip Code:	-
Laboratory Contact Information	Laboratory Manager:			
	Phone: () -	Alternate Phone: () -	Fax: () -	
	Email:			
7. Site-Specific Details				
Release/Incident Numbers and Dates	1.		2.	
Notification of Indoor Air Sampling Receipt Date <i>(provide copy of signature or mail receipt)</i>	Occupant: / /		Building Owner: / /	
8. Indoor Air/Crawl Space Pre-Sampling Inspection <i>(if applicable)</i>				
Potential VOC ¹ Source	Present in Building	Removed 48-Hours Prior to Sampling	Location of Source <i>(room and floor)</i>	
Gas powered equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Gas storage cans	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Fuel tank	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Paints or paint thinners	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Cleaning solvents <i>(i.e., cleaning supplies & disinfectants)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Furniture polish	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Personal care products <i>(i.e., nail polish & remover, perfumes/colognes, hair sprays, etc.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Hobby supplies <i>(i.e., glues, cements, wood preservatives, markers, photography solutions, etc.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Office supplies <i>(i.e., correction solutions, printer/copier inks, etc.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Pesticides	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Moth balls	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Air fresheners	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Dry cleaned clothing	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other <i>(specify):</i> _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other <i>(specify):</i> _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other <i>(specify):</i> _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
9. Field Investigations				
Complete and submit a UST Vapor Intrusion Building Assessment Checklist <i>(DWM 4271)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Leak testing performed on equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Summa canisters individually certified by laboratory	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Remedial system in place	<input type="checkbox"/> Yes <input type="checkbox"/> No System in operation during sampling? <input type="checkbox"/> Yes <input type="checkbox"/> No			

¹ VOC – Volatile organic compounds

AI _____

Person(s) present during sampling event	<input type="checkbox"/> Occupant <input type="checkbox"/> Building Owner <input type="checkbox"/> Other (<i>specify</i>): _____		
Describe general weather conditions			
Weather conditions	Outside temperature: _____ (°F) Prevailing wind direction: _____		
Significant precipitation within 48-hours of sampling event	<input type="checkbox"/> Yes <input type="checkbox"/> No Date of precipitation: / /		
10. Report Certification			
<input type="checkbox"/> Check here if the person completing the form is the same as the P.E. or P.G. named below.			
Name of Person Completing Form			
Email		Phone Number	() -
Under the requirements of KRS Chapter 322 and 322A, this checklist and attached report shall be completed and signed by a P.E. licensed with the Kentucky Board of Licensure for Professional Engineers and Land Surveyors or a P.G. registered with the Kentucky Board of Registration for Professional Geologists.			
I, the undersigned, under penalty of law, and in accordance with the provisions of KRS Chapter 322 or KRS Chapter 322A, as appropriate, hereby certify the submitted information, including all attached documents, is true, accurate and complete. KRS 224.99-010(4) provides for penalties for submitting false information, including the possibility of fine and imprisonment.			
Printed			Title
Signature			Date / /
<input type="checkbox"/> Professional Engineer		<input type="checkbox"/> Professional Geologist	
KY License Number		KY Registration Number	
License Date		Registration Date	
If you have questions on how to fill out this form please contact the cabinet at (502) 564-5981 or visit our web site at http://waste.ky.gov/ust . For copies of facility records please visit http://eec.ky.gov/pages/openrecords.aspx or email DEP.KORA@ky.gov .			